anæsthetic and analgesic. The anæsthesia also affected the whole left side of the trunk, head, and neck,—except the face, which was only somewhat anæsthetic—down to the umbilical level. Below this level there was a less degree of anæsthesia. In the area of complete anæsthesia, touch, pain, heat and cold, and sensibility to a strong faradic wire-brush were all abolished. In the conjunctiva, nostril, mouth, tongue, and fauces, on the left side, sensibility was deficient. In the left arm there was complete loss of muscular sense to weights and passive movement. Sight was not affected, nor the field of vision. The other senses were not affected, and there was no optic neuritis. In the arms, the muscles affected corresponded, according to Ferrier's and Yeo's experiments, to the sixth and seventh cervical nerves. The case was probably an instance of a functional or hysterical nature. The movements were irregularly rhythmical, about sixty to eighty per minute, ceasing during sleep ; and, though simulating chorea, were much more regular, and affected only certain muscles ; the movements of one arm were synchronous, but the two arms did not move as a rule at the same time.—*Brit. Med. Jour.*, No. 1,265.

NERVOUS LESIONS BY LEAD-POISONING.—Arthur Robinson, M.B.,C.M., (from Path. Lab. Owen's Col., England, *Brain*, xxviii., p. 485,) reports a case of lead paralysis with autopsy. (Dr. Leech's case, Manchester Royal Infirmary). A male, æt., 30 ; a painter for fourteen years, had his first attack of drop-wrist in the summer of 1877. It continued through the winter, recovering the following spring. Every winter after, the attack returned ; continuing until spring. He never had colic or cramps, but was troubled by frequent micturition. When examined, in December, 1882, the muscles of both forearms were very much atrophied, the extensors of the wrists and fingers were completely paralyzed, while the flexors retained a fair amount of power. The muscles of the thenar and hypothenar eminences were also atrophied, and the patient could not oppose his thumbs. He could pronate, but could only partially supinate both forearms. The peroneus brevis and longus muscles on the left side were atrophied and paralyzed, and those of the right side were affected with paresis. All the atrophied muscles showed the reaction of degeneration when tested with electricity. The patient was treated with iodide of potassium and the interrupted and continuous currents were applied to the affected muscles. He gradually improved ; the atrophied muscles increased in size, and to a certain extent regained their power. Discharged much improved, in 1883, he returned in June, 1884, his muscular status much the same, but with œdema of the extremities, pleuritic effusion, albuminous urine, and granular casts ; later ascites developed, and death occurred August, 1884. The autopsy revealed small kidneys with adherent capsule ; and, on microscopical examination advanced cirrhosis. The spinal cord and parts of the musculo-spiral nerves were examined, but not the radial nerve or the muscles. In the cord there was no visible abnormal change in any part of the nervous matter or the neuroglia; the vessels, however, exhibited well-marked hyaline degeneration of the walls of the arteries, both in the gray and white substance of the cord, affecting perceptibly the middle and outer coats of the vessel. The cellular elements were swollen; the nuclei were not visible, and they did not stain with either carmine or logwood. The nerves examined were likewise normal, except that the small arteries in the nerve-sheaths also exhibited a hyaline change. There was no proliferation of the nuclei of the nerve-sheaths, or increase of connective tissue; no fragmentation of the myeline sheaths, or indistinctness of the axis-cylinder. The sections of the cord were treated with carmine alone, and with carmine and osmic acid. The nerves, by longitudinal transverse section, also by teasing; stained with carmine and orsmic acid. The author, in making a summary of recorded cases with autopsy, has overlooked Birdsall's case, and a case of Seguin's reported in Birdsall's article published in 1882.

A Peculiar Atrophic Paralysis in Several Children of the Same Familv.—Dr. Schultze, of Heidelberg, reports the cases of three children, aged respectively three, seven, and eight years. All were born healthy, and without any known hereditary taint, learned to walk at nine months, but all became affected in the same manner, when about two years old, with a progressive atrophic paralysis, which first involved the peronei then attacked the tibial and crural groups, producing talipes, and, in the oldest girl, finally invading the hands and forearms. Sensory disturbances were but trifling. The reaction of degeneration was present in the muscles and nerves involved. The author favors the view that the symptoms are dependent on a multiple peripherical affection.—*Centralblatt f. Nerv. u. Psych.*, Feb.

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d.—MENTAL PATHOLOGY.

Puerperal Transitory Frenzy.—Under the title of puerperal insanity cured by timely catharsis, Dr. T. N. Reynolds (*Med. Age*, May 25, 1883) reports the following case, which he saw two and a half days after delivery. For two days unremitting puerperal insanity of the maniacal form had existed. The patient was being forcibly held, screamed almost incessantly, and dashed from her every thing but an occasional drink. There was no uterine inflammation, the bowels had not moved. She was given three drops of croton oil in her next glass of water. A full evacuation followed, with two or three watery passages afterwards; she grew gradually quiet, soon went to sleep, and had not any more symptoms of puerperal insanity. It will be obvious that the